



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2005 MAR 14 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

The Wholesale Network

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Rolland K. Johnson

Complete Address

P.O. Box 394

Blanchard, Idaho 83804

3. The general type of business transacted under the assumed business name is:

- ☒ Retail Trade
☐ Wholesale Trade
☐ Services
☐ Manufacturing
☐ Finance, Insurance, and Real Estate

- ☐ Transportation and Public Utilities
☐ Construction
☐ Agriculture
☐ Mining

4. The name and address to which future correspondence should be addressed:

Rolland K. Johnson

P.O. Box 394

Blanchard, Idaho 83804

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-437-0556

Signature: Rolland K. Johnson

(signature required)

Printed Name: _____

Rolland K. Johnson

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\form\form1a.htm p65
Revised 04/2003

IDAHO SECRETARY OF STATE
03/14/2005 05:00
CK: 8511 CT: 186896 BH: 798231
1 @ 25.00 = 25.00 ASSUM NAME # 2

D85504